PLACE OF DEATH	Arizona Territorial Board of Health
County of Calling	BUREAU OF VITAL STATISTICS
District of Daugles	ORIGINAL CERTIFICATE OF DEATH
District of	Ter, Index No.
Town of	3-0
City of Doceyles	County Registered No.
(It death occurs away from usual (No. 90	14, Frene St., Ward.) (If death occurred in a Hos-
RESIDENCE, give facts called for under "Special information.")	Savell Ward.) (If death occurred in a Hospital or Institution, give its NAME
FULL NAME	belv Becade pital or Institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTIC	ICULARS MEDICAL CERTIFICATE OF DEATH
LENGTH OF RESIDENCE	DATE OF DEATH
At Place of Deathyrs	2_mos. 16 19/2
In Arizonayrs	(month) (day) (year)  I hereby certify, That I attended deceased from
SEY COLOR White	Chinese 10 191 to Chr. 10 191
OR RACE Black	that I last saw here alive on Un 16 1912
Mexican	<del></del> !!
DATE OF BIRTH OF LINE 4	and that death occurred on the date stated above at 7 M The DISEASE or INJURY causing DEATH was as follows:
(month) (day)	1912 The DISEASE or INJURY causing DEATH was as follows;
AGE	116
years 2 mon	nths 12 days Weeking
SINGLE, MARRIED.	Where contracted Duration 2 wh
WIDOWED, OR DIVORCED	Contributing cause (if any) Welcettet
BIRTHPLACE	1 01
(State or foreign country)	Where contracted Duration
OCCUPATION	(Signed) MSCCC SC M.D.
	/// 1912 Address Dragge
NAME OF FATHER James Bund	SPECIAL INFORMATION only for Hospitals, Institutions,
BIRTHPLACE OF ATHER	O Recent Residents.
(State or foreign country)	Former or How long at Usual residence
MAIDEN NAME OF MOTHER SOLD SE SERVICE SE	
BIRTHPLACE	Seuven Place of burial or removal  Date of burial or removal  Date of burial or removal
OF MOTHER (State or foreign county)	Undertaker Address
THE ABOVE STATED PERSONAL PARTICULARS ARBEST OF MY KNOWLEDGE AND BELLEF.	RE TRUE TO THE More
<b>A</b> • • • • • • • • • • • • • • • • • • •	I Gilad II / A TRUE CUPS.
Informant)	117 1912 dufaudale
	Filed 12/16 19th L. L. Minner Local Register.